	Effective D	ecember 8, 2	INATION REC 1004	CKD	101	175	133	302
. CL		ED - PART (SMAL	L ENTITY			R THAN
TOTAL CLAIMS		(Column 1) (Column 2)		TYPE		OR	SMALI	LENTITY
FOR		NUMBER FILED NUMBER EXTRA		FAT		1	RATE	FEE
TOTAL CHARGEABLE CLAIMS		minus 20= *		-	1.00.0	OA	BASIC FE	₹ 300.00
INDEPENDENT CLAIMS		minus 3 =		X\$ 25)= 	OR	X\$50=	
MULTIPLE DEPENDENT CLAIM PR				X100	=	OR	X200=	<u> </u>
		less than zero, enter *0" in column 2		+180:	-	OR	+360=	
				TOTA		OR	TOTAL	
	IS AS AMEN lumn 1)	DED - PART (Column		1 SMAI	L ENTITY	00	OTHER	THAN
C C	LAIMS .	HIGHES	ा	1 C	ADDI-	TOR F	SMALL	ADDI
7/3/06 AME	FTER NOMENT	PREVIOU.	SLY EXTRA	RATE	TIONAL	.	RATE	TIONAL
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1	OR		-/-
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(Colu	uma 1)	<i>V</i> (Column :	2) (Column 3)	ADDIT. FEE	L	OR AD	TOTAL DIT. FEE	
	NMS VINING	HIGHEST			ADDI-			ADDI-
	TER DMENT	PREVIOUS PAID FOR	LY EXTRA	RATE	TIONAL FEE	F	TATE :	TIONAL
Total	Minus	1.4	6	X\$ 25=		OR X	\$50=	FEE
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- WIGHT THESE WATER	OF MULTIPLE L	PEPENDENT CL	AIM	+180=		" -		\dashv
				TOTAL			10TAL	
(Colum	nn 1)	(Column 2	(Column 3)	ADDIT. FEE		OR ADD	T. FEE	
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AFTI	R	PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL	R/	TE T	ONAL
iotal s	Minus	44	=	X8-25=-	FEE	_ Va	50=	FEE :
ndependent •	Minus	***		X100=	——- °	`` }		
IRST PRESENTATION	OF MULTIPLE DE	PENDENT CLA	M	A100=	0	R X20	U.	
ne entry in column 1 is less	Man H a A - I			+180=	0	R +36	0=	- 1
te Highest Number Previo	arm are entity to con	iumn 2. Write "O" in i	columa 3	TOTAL				

Application or Docket Number